



Historic VA/DoD integration accomplished

Lovell FHCC is nation's first federal health care center; nearly 1,500 in attendance for Oct. 1 ceremony



(From left) Navy Capt. David Beardsley (Lovell FHCC Deputy Director), Patrick Sullivan (Lovell FHCC Director), Rear Adm. Alton Stocks (Commander, Navy Medicine East) and Dr. Jeffery Murawsky (Network Director, Veterans Integrated Service Network 12) hold a newly-signed document symbolically authorizing the leadership of the nation's first VA/DoD health care center. (Photo by Scott "Doc" Thornbloom)

By Jonathan Friedman
Lovell FHCC Public Affairs

During a first-of-its kind ceremony in front of more than 1,500 people, Congressional, civic and governmental leaders showed the nation Oct. 1 why integrating medical facilities and resources from the Department of Defense and the Department of Veterans Affairs makes sense.

The 85-minute ceremony culminated years of planning and marked the completion of a three-phased process to integrate the former Naval Health Clinic Great Lakes and the former North Chicago VA Medical Center into the Captain James A. Lovell Federal Health Care Center.

"Our gathering here today marks a major milestone, capping several years of hard work -- planning, designing, programming and activating the first ever joint VA/DoD Federal Health Care Center," said Capt. James A. Lovell Federal Health Care Center Director Patrick Sullivan. "Today, we are no longer proud staff and volunteers of the North Chicago VA or Naval Health Clinic Great Lakes, but proud staff and volunteers of the Captain James A. Lovell Federal Health Care Center. We are part of a much larger mission." As the director of the nation's first federal health care center, Sullivan is the first leader in the VA with a combined mission of military readiness and caring for Veterans.

Capt. Thomas McGue, the last commanding officer of Naval Health Clinic Great Lakes, was honored at the ceremony for his tremendous dedication and years of service.

Just before being awarded the Legion of Merit medal, McGue addressed the audience and welcomed the most important people at the ceremony: "Most importantly, good afternoon to the active duty beneficiaries and Veterans of North Chicago and Great Lakes," said McGue.

"What I'd like to assert today is that both this change of command and the dedication of the federal health care center is not about those of us

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Leadership Commentary

Patient-centered care remains a journey, not a destination

Through inevitable speed bumps and challenges, it's our unified reaction that will ensure our perseverance



By Patrick L. Sullivan
Lovell FHCC Director

The classic adage of life being a journey instead of a destination is an absolute reflection of our journey to be the nation's first VA/DoD federal

health care center. I say this because I've seen your countless hours and dedication, and I remain inspired by your motivation and drive to deliver nothing but first-rate care to our patients. I know the importance of remaining focused on our destination, but it's your journey that's made the difference.

We have reached an incredible landmark along our journey. Last month, we accomplished what some believed was nearly impossible by fully integrating. The ceremony was a huge success, and I've heard nothing but compliments from our guests and patients about that afternoon. Still, when the publicity and the fanfare quiets, what remains is our commitment and promise to each patient:

Readying Warriors and Caring for Heroes.

Our success has been -- and will remain -- our ability to work together seamlessly. It's not measured by what a newspaper prints or television reports, but solely by the reaction of our patients. They are the reason for our journey and the guides for our next destination.

We will have speed bumps and detours along our journey. It will be our unified reaction to the challenges and obstacles we will inevitably encounter in the months to come that will be our reflection to the rest of the world and our true testament. This is not a pessimistic point-of-view, but more a reality of integration. We must continue to

face our challenges with an optimistic attitude. If we continue to trust one another, nothing will stand in our way.

So now that we have passed our recent milestone, we need to look towards our next point. We need to look for new ways that deliver upon our promise, listen to ideas that could streamline processes, and watch for methods that best serve our patients.

You remain at the forefront of our journey. The Lovell FHCC is not a building, nor a process or a concept. Each of *you* are the Lovell FHCC. With your thoughtfulness and loyalty, each of you represent the Lovell FHCC for our 118,000 customers -- and I'm very thankful that we're all on this journey together.

Lovell FHCC's first patient reflects on honor

By Jonathan Friedman
Lovell FHCC Public Affairs

Emil Iverson is a Veteran, a manager and a salesman. His 60 years in the car business honed his skills of relationship building and knowing exactly how to keep the customer happy. With his considerable training and experience, he clearly understands the significance of a once-in-a-lifetime moment. That moment found him just after midnight on Oct. 1.

Of the nearly 118,000 patients of the Captain James A. Lovell Federal Health Care Center, Iverson has the distinct honor of being the first. He is the very first patient of the nation's first VA/DoD federal health care center. "I've only been 'number one' one other time -- and that was because I was my father's first born," said Iverson jokingly about the situation. "Other than that, I've never been number one."

On a brisk October evening, he was driven to the emergency room of the former North Chicago VA Medical Center, and quickly seen by a medical provider. Once settled, the nurse asked if his picture had been taken yet.

"I knew something big was happening, because there were banners everywhere, and I knew there was a celebration coming up," he said, reflecting upon that evening. "But, when I got here a little after 1 a.m., I remember the

nurse asking if they had taken my picture yet. Being the first in this case felt a little different. I mean, it's not like crossing the finish line and breaking the tape with everybody cheering you on. In this case, I was much more concerned about the pain."

A World War II Army Veteran, Iverson was more than happy to defend his country. Still, as a father of seven, he encourages other Veterans to seek the benefits they're due -- and he more than understands the significance that the Department of Veterans Affairs can have in a Veteran's life.

"The VA medical system has been very important to me, both financially and personally," he said. "With my private insurance, it got to the point where I was paying \$550 a month for coverage, and I simply couldn't afford that while trying to care for my wife and spend time with my family," said Iverson. "It's such a great facility. You can't

imagine how many hospitals I've been to with my family, and nowhere do they get care like they get here."

As a near lifelong resident of Vernon Hills, Ill., Iverson

has made many connections with staff and patients at the medical center, including his Marine Corps Veteran son who often shares health care center visits with him.

"They're the most caring people I've ever seen," said Iverson of the staff at the Captain James A. Lovell Federal Health Care Center. "Really, no matter what department you go into, somebody's always there to go out of their way to see what your needs are and if you're comfortable. Whatever it is: Whether it's taking your blood pressure or anything else, it's really the greatest place I've ever been, as far as hospitals are concerned."

Looking back, Iverson is admittedly honored by the experience and, in the end, he counted the inaugural experience in the best words possible: "They're number one with me, and I'm number one -- so we're both number ones now."



(From left) World War II Veteran Emil Iverson accepts a certificate from Patrick L. Sullivan, Lovell FHCC Director, congratulating him for being the facility's first patient. (Photo by Mary Waterman)

The Apollo

The Apollo is the official newsletter of the Captain James A. Lovell Federal Health Care Center. It is published monthly for staff members, Veterans, military family members and volunteers.

The newsletter is designed and published at the Lovell FHCC in the Communications Department.

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Lovell FHCC integration accomplished (cont'd.)

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on stage today, but about honoring a commitment to those of you who have given so much to serve this country while proudly wearing the uniforms of the Navy, the Army, the Marine Corps, the Air Force and the Coast Guard.”

Being met with a standing ovation, retired Naval officer and NASA Astronaut Capt. James Lovell approached the microphone with the confidence and perseverance which has made him renowned.

“Ladies and gentlemen, the day has finally come. The opening of a first-of-its-kind: A federal health care center to serve the members of the armed forces, both past and present,” said Lovell. “I am greatly honored and deeply humbled to have my name associated with this institution. I’ve always felt that the welfare of our Veterans and active duty personnel was an essential ingredient in providing a strong military and to take care of those who have served in the past.”

As nearly a dozen speakers addressed the crowd that filled the entrance to the new 209,000 square-foot ambulatory care addition entrance, a common theme among the presenters was the notion that getting to the point of complete integration was far from easy or quick.

The Road to Lovell FHCC Integration

As many at the podium acknowledged, the path to integration began many years ago with a concept that it would be financially beneficial and more convenient for patients to have a single health care center, instead of two which are less than two miles from one another.

There were several factors that drove the integration. These included the Base Realignment and Closure Committee’s recommendations in 1995, Executive Order 13214 of 2001 (Presidential Task Force to Improve Healthcare Delivery for our Nation’s Veterans), the Capital Asset Realignment for Enhancement of Services study of 2001, the Center for Naval Analysis recommendations of 2002, and continuing Congressional and civic support.

“While we have had a longstanding relationship with our Navy partners, the official partnership began in October 2002, when the Executive Council Decision Memo was signed,” said Sullivan. “That memo directed the partnership and outlined the three phases of integration.”

Sullivan explained that the first phase of the partnership was accomplished in October 2003, when the Navy shifted their inpatient mental health to the North Chicago VA Medical Center.

The second phase of the partnership was supported by a \$13 million VA renovation and modernization project to expand the emergency and surgery departments at the North Chicago facility. As part of this phase, the U.S. Navy transferred all operating room, intensive care unit and emergency room services from Naval Station Great Lakes to the North Chicago VA Medical Center -- including pediatrics, the first for any VA medical center. In addition, all inpatient medical and surgical services were transferred. The phase was completed in June 2006.

The final phase of the partnership included a \$130 million Department of Defense construction project to build a new 209,000 square-foot ambulatory care center at the West Campus in North Chicago, renovating more than 45,000 square feet of existing space, and the building of a new parking garage and surface parking area.

The final phase was completed when the governance of the Captain James A. Lovell Federal Health Care Center stood up Oct. 1. Although admittedly complex and challenging at times, the goal at the end of the phases remained clear and unified: Deliver the absolute best patient-centered care in the nation.

Readying Warriors and Caring for Heroes

The unique nature of the Lovell FHCC means a first-of-its-kind blending of missions for “military medical readiness” and “Veteran care” under a single governance structure. This means the health care center will see active duty military, Veterans, military family members (including children) and military retirees.

The facility will serve patients at five distinct locations in Northern Illinois and Southern Wisconsin. These include the 107-acre West Campus consisting of 48 buildings in North Chicago, Ill; four branch medical clinics on the East Campus in Naval Station Great Lakes, Ill; and three Community Based Outpatient Clinics in Evanston and McHenry, Ill., and one in



In front of an audience of more than 1,500 people, the flag of the new Captain James A. Lovell Federal Health Care Center is raised by the Lovell FHCC Honor Guard Oct. 1. (Photo by Paul Engstrom)

Kenosha, Wis.

“Our integration is truly a win-win-win for all parties involved,” said Sullivan. “It’s good for taxpayers, it’s good for staff members -- and most importantly -- it’s good for our patients.”

Sullivan explained that taxpayers are saving approximately \$20 million annually by integrating operations. He noted that staff members are able to care for a larger population of patients, and that by combining staffing and resources, patients are able to benefit from robust, state-of-the-art healthcare.

A Ceremony to Mark the Beginning

While the ceremony truly commemorated years of work and progress, it was by no definition a conclusion. In fact, many at the ceremony appropriately noted that it was the metaphoric “launch” of the health care center.

“While the ceremony was an absolute success, I really feel like it fittingly set the tone for the goals we’re striving towards,” said Sullivan. “Our team brings years of experience and passion to the table. While we have rich Naval and VA traditions that we share, at the end of the day it’s our common goal of patient care that truly remains our guiding beacon.”



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Led by Wanda D. Parks (far right), Lovell Federal Health Care Center Nutrition and Food Services Section Chief, more than 100 employees partook in National Healthcare Food Service Week, Oct. 4-10. Parks, along with members of the Nutrition and Food Services team, celebrated the week with patients and staff members of the Lovell FHCC. (Photo by Jonathan Friedman)

Comparing VA to Non-VA Patient Care

Prepared by Paul G. Shekelle, MD, PhD
Director, West Los Angeles VAMC

The quality of VA care has long been a subject of debate, even after its healthcare system transformation starting in the mid-90s.

Although there have been some exceptions, the media has often portrayed VA healthcare in a less than optimal light. Regardless, VA has established itself as an innovative healthcare system, as evidenced in the early adoption of an advanced electronic medical record and its recent efforts to create patient-centered primary care teams.

Recently, investigators at the West Los Angeles VA Evidence-Based Practice Center conducted a literature review to compare and contrast studies that assess VA and non-VA quality of care for surgical, non-surgical, and other medical conditions. Investigators reviewed 55 articles published after 1990: 17 articles addressed surgical conditions, and 38 addressed medical and other non-surgical conditions. Findings from their report include:

- Ten comparative studies assessing the use of preventive services, care for acute and chronic medical conditions, and changes in health status, including mortality, showed superior performance—as measured by greater adherence to accepted processes of care, better health outcomes, or improved patient ratings of care—for healthcare delivered in the VA compared with care delivered outside the VA.
- Studies of the quality of hospital and nursing home care demonstrate similar risk-adjusted mortality rates in VA facilities compared with non-VA facilities. VA hospitals had somewhat better patient safety outcomes compared with non-VA hospitals.
- Studies of the quality of mental healthcare demonstrate that the quality of antidepressant prescribing is slightly better in VA compared to private sector settings.
- Elderly VA patients were less likely to be prescribed potentially inappropriate medications than elderly patients receiving care through Medicare managed care plans.

- Stroke patients receiving rehabilitation in VA settings were discharged with better functional outcomes.
- Of four general surgery studies, three revealed no significant differences in adjusted post-operative morbidity rates, while one found significantly lower rates of post-operative morbidity in the VA setting compared with the private sector.
- Three of the four studies assessed risk-adjusted mortality rates, and of these, two found no significant difference across settings.
- Of three solid organ transplant articles, two found no significant differences in patient survival when comparing VA patients with non-VA patients. Additionally, one of these found no significant difference in graft survival between these two groups.

Conclusions:

Overall, the available literature suggests that the care provided in the VA compares favorably to non-VA care systems, albeit with some caveats. Studies that used accepted process of care measures and intermediate outcomes measures, such as control of blood pressure or hemoglobin A1c, for quality measurements almost always found VA performed better than non-VA comparison groups. Studies looking at risk-adjusted outcomes generally have found no differences between VA and non-VA care, with some reports of better outcomes in VA and a few reports of worse outcomes in VA, compared to non-VA care. The studies of processes of care are mostly those about medical conditions, while the studies of outcomes are mostly about surgical conditions and interventional procedures.

Editor’s Note: The preceding story was published on Oct. 12, 2010, in a Management eBrief from VA Health Services Research and Development Service. The complete report can be found at <http://www.hsrd.research.va.gov/publications/esp/quality.pdf>.

Flu Shot schedule for Lovell FHCC

Vaccine available at all federal health care center locations

Lovell FHCC East Campus (Naval Station Great Lakes)

MWR Childcare Staff

- Location: Fisher Branch Health Clinic (Bldg. 237)
- Type: Walk-In Basis
- When: Now

East Campus FHCC Staff Members

- Location: Immunizations at closest work location (Bldg 200H; Fisher Branch Health Clinic, Bldg. 237; USS Red Rover, Bldg. 1523; or, USS Tranquillity, Bldg. 1007)
- Type: Walk-In Basis
- When: Now

Naval Station Great Lakes’ Emergency Medical Services staff (Fed Fire)

- Location: Fisher Branch Health Clinic (Bldg. 237)
- Type: Walk-In Basis
- When: Now

Military Family Members (in the following categories):

- High Risk Beneficiaries 9 years and older
- Children 6-35 months
- FLUMIST intranasal vaccine for healthy people (2-49 years)
 - Location: Immunizations at Naval Station Great Lakes’ Bldg. 200H
 - Type: Walk-In (8 a.m. to noon, Mon-Fri; 1-6 p.m., Mon, Tue, Wed, Fri)
 - When: Now

Military Family Members (Only high-risk beneficiaries 9 years and older)

- Location: Immunization Clinics at Naval Station Great Lakes (Bldg 200H)
- Type: Walk-In Basis (8 a.m. – noon, Mon-Fri; 1-6 p.m., Mon, Tue, Wed, Fri)
- When: Tentatively planned for mid-November* (*more information to follow)

Lovell FHCC West Campus (former North Chicago VAMC campus)

Veterans

- Location: Regularly Scheduled Primary Care/Specialty Care Clinic Visit
- Type: Request with Nurse/Provider
- When: Now

FHCC Staff Member/Volunteers

- Location: Employee Health (Bldg 133CA; 2nd Floor; Rm. 2D135)
- Type: Walk-In Basis
- When: Now

All Community-Based Outpatient Clinics (CBOCs)

Veterans

- Location: Regularly Scheduled Clinic Visit, or by scheduled nurse clinic appointment
- Type: Request with Nurse/Provider
- When: Now